

ESTIMATED PROPRIETORSHIP BUSINESS TAX**QUARTERLY PAYMENT FORMS****2003** Estimated Tax Worksheet (Keep for your records – Do not file)

1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS	BET(a)	BPT(b)
a	BET Taxable Base after Apportionment.....		
b	NH Taxable Business Profits after Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L, CDFA (Investment Tax Credit)		
b	RSA 77-A:5 (Please be sure to include the BET Credit).....		
4	Estimated tax for current year [Line 2 minus Line 3(a) and/or 3(b)].....		
5	Overpayment from last year.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 above)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2003
2.....	\$.....	\$.....	\$.....	\$.....	June 16, 2003
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2003
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2003

ESTIMATE FORM INSTRUCTIONS

Line 1 Enter ¼ of the Business Enterprise Tax Calculated on Line 6 in the tax worksheet above.

Line 2 Enter ¼ of the Business Profits Tax Calculated in the tax worksheet above.

Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET**

(Cut along this line)

For the CALENDAR year **2003** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

FOR DRA USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)		
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)		
	NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER		
	ADDRESS (continued)				
	CITY/TOWN, STATE & ZIP CODE				
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		1/4 Business Enterprise Tax	1	\$	
		1/4 Business Profits Tax	2	\$	
		Amount of This Payment	3	\$	

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
 Enclose, but do not staple or tape, your payment
 with this estimate. Do not file a \$0 estimate.

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2003

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NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER	
ADDRESS (continued)			
CITY/TOWN, STATE & ZIP CODE		1/4 Business Enterprise Tax 1	\$
		1/4 Business Profits Tax 2	\$
		Amount of This Payment 3	\$

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CONCORD NH 03302-0637

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NH-1040-ES
Rev. 10/02

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ADDRESS (continued)			
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